



Revised 9/03

APPLICATION NUMBER (FOR LCC USE) \_\_\_\_\_

# LCC GRANT APPLICATION



## APPLICATION MUST BE TYPED.

- Before completing this form be sure to review the guidelines ([www.cambridgeartscouncil.org](http://www.cambridgeartscouncil.org)).
- Supplemental Questions required for capital expenditure requests and LCC-originated projects.

THIS APPLICATION IS BEING SUBMITTED TO THE Cambridge LCC.

## APPLICANT INFORMATION

Federal ID # or Social Security # \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact City/State/Zip \_\_\_\_\_

Applicant Phone/TTY \_\_\_\_\_

Contact Phone Day/Evening \_\_\_\_\_

Applicant E-mail Address \_\_\_\_\_

Contact E-mail Address \_\_\_\_\_

Applicant Web Site \_\_\_\_\_

## PROJECT INFORMATION

Project Title \_\_\_\_\_ Amount Requested from this LCC \$ \_\_\_\_\_

Project Start / End Dates \_\_\_\_\_

1. Project Description: Summarize the proposed project in the space provided. (Describe who is the target audience; what will happen; when and where it will occur; and how the project will be executed. NOTE: You may provide additional narrative on a separate sheet of paper, but you *must* summarize the project here.)

2. Describe the planning done for this project and what organizations or individuals are involved as partners or advisors. If CAC is not able to grant the entire amount requested, tell us how partial funding could support the project.

3. Explain how this project will reach and benefit the citizens of **Cambridge**. How will you know the project is successful? (Include expected results and method of evaluation.)

4. Describe your plans for promoting this project to your target audience and your community. (Include information on planned outreach and publicity activities.)

5. Please detail the qualifications of key artists, humanists, interpretive scientists or organizations involved with leading the cultural component of this project. **Application will be considered incomplete without this information.** (Please attach resumes.)

## BUDGET INFORMATION

Total Project Cost \$ \_\_\_\_\_

Matching Funds\* \$ \_\_\_\_\_

Source of Matching Funds \_\_\_\_\_

\* Capital expenditures must have a 2:1 match.

### PROJECT EXPENSES

#### A. Salaries/Fees

1. Artist/Humanist/  
Interpretive Scientist \$ \_\_\_\_\_  
2. Administrative \$ \_\_\_\_\_  
3. Other \_\_\_\_\_ \$ \_\_\_\_\_  
TOTAL Section A \$ \_\_\_\_\_

B. Space Rental \$ \_\_\_\_\_

C. Travel \$ \_\_\_\_\_

D. Marketing \$ \_\_\_\_\_

#### E. Remaining Project Expenses

1. Equipment Rental \$ \_\_\_\_\_  
2. Project supplies or consumables \$ \_\_\_\_\_  
4. Shipping/Postage \$ \_\_\_\_\_  
5. Utilities/Telephone \$ \_\_\_\_\_  
6. Insurance \$ \_\_\_\_\_  
7. Other \_\_\_\_\_ \$ \_\_\_\_\_  
8. Ensuring Access \$ \_\_\_\_\_  
TOTAL Section E \$ \_\_\_\_\_

F. Capital Expenditures \$ \_\_\_\_\_

#### G. TOTAL PROJECT EXPENSES\*

(Sum of Totals in Sections A - F) \$ \_\_\_\_\_

### PROJECT INCOME

A. Earned Income \$ \_\_\_\_\_

#### B. Non-Government

1. Corporate/Business \$ \_\_\_\_\_  
2. Clubs and Organizations \$ \_\_\_\_\_  
3. Other \_\_\_\_\_ \$ \_\_\_\_\_  
TOTAL Section B \$ \_\_\_\_\_

#### C. Government

1. Other Local Cultural Councils \$ \_\_\_\_\_  
(Attach list specifying LCC names and \$)  
2. Other MCC Programs \$ \_\_\_\_\_  
3. Other (Municipal, School, etc.) \$ \_\_\_\_\_  
\_\_\_\_\_

TOTAL Section C \$ \_\_\_\_\_

D. Applicant Cash \$ \_\_\_\_\_

E. Amount Requested in this application \$ \_\_\_\_\_

F. In-Kind Contributions \$ \_\_\_\_\_

(donated space, materials and/or services)

#### G. TOTAL PROJECT REVENUE\*

(Sum of Totals in Sections A - F) \$ \_\_\_\_\_

**\* NOTE: Total Project Expenses and Total Project Revenue must be equal.**

**Authorized Signature:** The signature below is that of the person authorized to testify as to the accuracy of this application and the person who agrees that the required acknowledgment will be given to the Massachusetts Cultural Council and the granting Local Cultural Council, if this application is approved. This person also agrees that reasonable accommodations will be made to insure that people with disabilities have equal physical and communications access, as defined by federal law and as outlined in the MCC's LCC Program Regulations and Guidelines.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**FOR LOCAL CULTURAL COUNCIL USE ONLY**

**SUBMITTED BY DEADLINE?** Yes ☐ No ☐

\$ \_\_\_\_\_

Amount Approved

Signature of LCC Chair or Authorized LCC Member

Title

Date